

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4		①		1			
5	1		1				
6		1		1			
7		2		1			
8		①		1			
9		②		1			
10		③		1			
11	1		1				
12	1		1				
13		2		1			
14		①		1			
15		②		1			
16		③		1			
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49							
50							
TOTAL IND.	14		14				
TOTAL DEP.	15	←	16	←	←		
TOTAL CLAIMS	19	████████	20	████████	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←	←	←	
TOTAL CLAIMS		████████		████████	████████	████████	